



Wasatch County Hospital

POLICY AND PROCEDURE

SUBJECT:

EMPLOYEE ROSTER

PAGE

DATE OF ORIGIN: January 1984

DATE OF REVISION:

ADMINISTRATION:

Wayne T. Terry, Administrator 225-0766
Randy Hansen, Controller 654-2883
Randall Probst, Dir. Nurses 654-2313
Vern Cornell, Personnel 654-3347
Betty Bigler, Home Health 654-1599
Bonnie McGuire, Secretary 654-1439

BUSINESS OFFICE:

Lenea Mulesky, Offc. Mgr. 654-2982
Joy Allred (223) 654-1419
Marsha Giles 654-1346
Lesa Ivers 654-4864
Hilda Patterson (221) 654-1379
Joyce Royall (222) 654-3504
Susan Juengling (220) 654-4262

CENTRAL SUPPLY: Ext: 255

Donna Hansen 654-4201

DIETARY: Ext: 227

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Virginia Berg 654-1436
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BLACK, Karen	654-2236
CARROLL, Marguerite	785-4532
CHARTIER, Nancy	649-9324
ERICKSON, Ann	654-3272
GARDNER, Merle	654-0834
GLATHER, Carol	654-2754
GIBB, Pirrko	654-2468
HANSEN, Deloris	654-0265
JAUSSI, Hal	654-2052
JORGENSEN, Susan	877-5728 Neighbor
LOTT, Zola	783-4539
MCAFFEE, Maxine	654-4107
MEYER, Ken	654-3241
OFFRET, Kitsy	654-2112
OSWALD, Kitty	654-3293
PARKER, Becky	654-4969
PITTS, Karen	654-2026
SHAW, Lynn	649-6587
SINGLETON, Linda	649-7315
STANCZYK, Joyce	649-2295
TAYLOR, Vickie	<u>654-4663</u>
TOONE, Sandra	783-4870

LPN'S

BENSON, Ellen	654-3115
CLYDE, Susan	654-4068
COX, Liesa	654-2891
COWDEN, Karen	829-3717
CRAIG, Joyce	654-3367
FILLMORE, Helen	654-2637
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PEACOCK, Tonya	654-3597
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AIDES

BARKER, Sue	654-1029
BAUER, Cindy	654-3090
BERG, Carrie	654-1440
BIGLER, Pat	654-4560
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RN'SAIDES

BELL, Michelle	654-2981
BLACK, Karen	654-2236
CARROLL, Marguerite	785-4532
CHARTIER, Nancy	649-9324
ERICKSON, Ann	654-3272
GARDNER, Merle	654-0834
GLATHER, Carol	654-2754
GIBB, Pirrko	654-2468
HANSEN, Deloris	654-0265
JAUSSI, Hal	654-2052
JORGENSEN, Susan	877-5728 Neighbor
LOTT, Zola	783-4539
MACAFFEE, Maxine	654-4107
MEYER, Ken	654-3241
OFFRET, Kitsy	654-2112
OSWALD, Kitty	654-3293
PARKER, Becky	654-4969
PITTS, Karen	654-2026
SHAW, Lynn	649-6587
SINGLETON, Linda	649-7315
STANCZYK, Joyce	649-2295
TAYLOR, Vickie	<u>654-4663</u>
TOONE, Sandra	783-4870

LPN'S

BENSON, Ellen	654-3115
CLYDE, Susan	654-4068
COX, Liesa	654-2891
COWDEN, Karen	829-3717
CRAIG, Joyce	654-3367
FILLMORE, Helen	654-2637
HILTON, Barbara	654-4433
JACKSON, Regina	654-0224
PEACOCK, Tonya	654-3597
NELSON, Judy	654-4378

BARKER, Sue	654-1029
BAUER, Cindy	654-3090
BERG, Carrie	654-1440
BIGLER, Pat	654-4560
BIGLER, Shauna	654-2532
BROADHEAD, Mary	654-1626
BROADHEAD, Stella	654-2716
CLYDE, Lois	654-1574
DARCEY, Pat	654-4683
DEAN, Becky	654-4765
DUDLEY, Mary Kay	654-3930
FITZGERALD, Karlee	654-3020
GALE, Madeleine	654-2193
HANSEN, Donna	654-4201
HARDMAN, Sandra	654-4092
JOHNSON, Marcia	654-2481
KINSEY, Melba	654-2134
KOHLER, Nan	654-1605
MAHONEY, Terri	654-0637
MAYOH, Claudia	654-2486
OLSEN, Lori	654-1311
PATCH, Greg	654-1253
PORTER, Connie	654-1626
RABY, Janene	654-2578
REYNOLDS, Francis	654-1824
ROSE, Lorraine	654-3417
ROTHE, Fern	654-1835
SABEY, Whitney	654-0518
SAXTON, Carla	877-5602
SIMMONS, Luella	783-4830
SMITH, Glenna	654-0600
SMITH, May	654-0600
SEVERSON, Jody	654-1700
SWEAT, Jill	654-1451
SWEAT, Rhonda	654-4277
SWEENEY, Fay	654-0278
TREVINO, Bonnie	654-3762 Neighbor
	654-1763 Neighbor



Wasatch County Hospital

POLICY AND PROCEDURE

SUBJECT: MEDICAL DIRECTION

PAGE

DATE OF ORIGIN: September 1983
DATE OF REVISION:

I. MEDICAL ADVISORY COMMITTEE = *Staff*

The Medical Advisory Committee is the Wasatch County Hospital Medical Staff Committee, which includes all Physicians with hospital privileges.

The purpose of the Medical Advisory Committee shall be to approve all medical policy set forth by the Home Health Department and to appoint the medical advisor to the department. The Committee shall meet at least once a month and may be a function of the Wasatch County Hospital Medical Staff meeting.

II. MEDICAL ADVISOR

The Medical Advisory Committee shall appoint the Medical Advisor yearly to the Home Health Department. The functions of the Medical Advisor are:

- A. Serve as liason between the Home Health Department and the Hospital Medical Staff.
- B. Approve or disapprove of the medical policies put forth by the Home Health Department on emergency treatments.
- C. Serve as a member of the Utilization Review Committee.
- D. Participate in the inservice training sessions for employees of the Home Health Department.

III. MEDICAL DIRECTION

Care given to the patient is given under a plan of treatment signed by the patient's physician. Consideration relevant to plan of care of the patient are:

- A. The physician must sign a certification form that the patient is essentially homebound and requires skilled nursing or other therapy services on an intermittent basis.
- B. The physician does recertify that the patient is still in need of skilled nursing or other therapy at least every two months (60 days). Changes may be made as often as indicated and must be signed by the physician.

Reviewed by: _____ Date: _____

APPROVED BY: _____
DATE: _____



Wasatch County Hospital

POLICY AND PROCEDURE

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- C. Certification for Home Health Services - Medicare A - must be for the condition the patient was treated for in the hospital or extended care facility. In order to obtain certification for services under Medicare A, the diagnosis or condition of the patient must be the same as it was in the hospital or extended care facility.
- D. The physician's original copy of the plan of treatment is placed in the patient's chart and a copy is retained by the physician and another copy sent to the Staff nurse caring for the patient.
- E. The physician's original orders for drugs and treatments are in the patients' chart along with the original copy of all recertification orders.
- F. The physician's changes in an renewal of orders are in the patient's chart.
- G. Telephone orders are confirmed by the physician and placed in the chart.

IV. ACCEPTANCE OF NON-LOCAL PHYSICIANS

- A. All practitioners having Medical Staff Privileges in the Home Health Agency must be members of the Medical Staff of the Wasatch County Hospital.
- B. A physician desiring privileges to the Home Health Department, but not on the Medical Staff will be eligible for privileges if he/she is on the medical staff or another Intermountain Health Care Corporation Hospital or another JCAH accredited hospital either of which is located in Utah.
- C. A physician requiring privileges must be accepted under these conditions:
 - 1. Currently licensed and practicing medicine in Utah.
 - 2. Approved by the Medical Staff Credentialing Committee.
 - 3. Be accountable to the Home Health Medical Advisor appointed by the Medical Staff in the area in question.
 - 4. Release his/her patient's care to the Medical Advisor in case of an emergency.

Reviewed by: _____ Date: _____

APPROVED BY: _____
DATE: _____